

## Part B Insider (Multispecialty) Coding Alert

### NEUROLOGY: Don't Put The Code Before The Cause For Carpal Tunnel

#### Use 354.0 only when completed testing confirms the diagnosis

Even when a physician suspects a patient has carpal tunnel syndrome (354.0), if you use that code before all testing is complete you could limit your future range of billable tests. Follow our coding guidelines to ensure proper reimbursement, even if testing doesn't establish a definitive diagnosis.

**Rely on the signs:** Until testing confirms the carpal tunnel diagnosis, you should depend on symptoms to justify any services the physician provides. Typical signs and symptoms indicative of carpal tunnel syndrome include 719.44 (Pain in joint, hand), 726.4 (Enthesopathy of wrist and carpus), 782.0 (Disturbance of skin sensation) and 782.3 (Edema).

**Don't code ahead:** If the neurologist conducts the appropriate testing but the results are inconclusive or negative for carpal tunnel syndrome, you should rely only on the signs and symptoms to establish medical necessity for the tests the neurologist conducts, as well as any E/M service he provides. But make sure physician's documentation is strong enough to support the claim, regardless of the outcome of diagnostic testing.

**Example:** The neurologist conducts electrodiagnostic testing (such as nerve conduction studies, 95900, Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study; and/or electromyography, 95860, Needle electromyography; one extremity with or without related paraspinal areas) and confirms a diagnosis of carpal tunnel syndrome.

In this case, you should report 354.0 as the primary diagnosis and list the signs and symptoms as secondary diagnoses.